**Best Available Copy** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| Application or Docket Number |    |
|------------------------------|----|
|                              | 1: |
| D4 1/02/0691                 | 1  |
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| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                    |              |                                 |                            |   | SMALL<br>TYPE    | ENTITY              | OR                     | OTHER<br>SMALL |                     |                        |
|--|--------------------|--------------|---------------------------------|----------------------------|---|------------------|---------------------|------------------------|----------------|---------------------|------------------------|
| FOR  |                    | NUMBER FILED |                                 | NUMBER                     | NUMBER EXTRA                                |                  | FEE                 | 1                      | RATE           | FEE                 |                        |
| BASIC FEE  |                    |              |                                 |                            |   | 345.00           | OR                  |                        | 690.00         |                     |                        |
| TOTAL CLAIMS minus 20= *   |                    |              | 20= *                           |                            | X\$ 9=                                      | 72               | OR                  | X\$18=                 |                |                     |                        |
| INDEPENDENT CLAIMS   |                    |              |                                 |                            |   | X39=             |                     | OR                     | X78=           |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                    |              |                                 |                            |   |                  | +130=               |                        | OR             | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                    |              |                                 |                            |   |                  | TOTAL               | 417                    | OR             | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |                    |              |                                 |                            |   |                  | SMALL               | ENTITY                 | OR             | OTHER<br>SMALL I    |                        |
| ENT A  |                    | REM<br>Af    | AIMS<br>AINING<br>TER<br>IDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total <sub>.</sub> | *            |                                 | Minus                      | **  | =                | X\$ 9=              |                        | OR             | X\$1 <sup>8</sup> = |                        |
| AME  | Independent        | *            |                                 | Minus                      | ***   | =                | X39=                |                        | OR             | X78=                | 7 - 1                  |
|  | FIRST PRESE        | NIAIIC       | ON OF MI                        | JLIIPLE DEF                | PENDENT CLAIM                               |                  | +130=               |                        | OR             | +260=               |                        |
|  |                    |              |                                 |                            | ,   | •                | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT, FEE | -                      |
| •  |                    | (Col         | umn 1)                          |                            | (Column 2)                                  | (Column 3)       | ADDIT: FEE          | <del></del>            |                | ADDII. PEEI         |                        |
| ENT B  |                    | REM<br>AF    | AIMS<br>AINING<br>TER<br>IDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total              | *            |                                 | Minus                      | **  | = .              | X\$ 9=              | :                      | OR             | X\$18=              |                        |
| AME  | Independent        | *            | ON OF M                         | Minus                      | ***   | =                | X39=                |                        | OR             | X78=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                    |              |                                 |                            |   |                  | +130=               |                        | OR             | +260=               | ·                      |
|  |                    |              |                                 |                            |   |                  |                     |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|  |                    |              | umn 1)                          | Lean-way was a responsible | (Column 2)                                  | (Column 3)       | ADDIT. FEE          |                        |                |                     | ,                      |
| AMENDMENT C  |                    | REM<br>Af    | AIMS<br>AINING<br>TER<br>IDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| ENDIN  | Total              | *            |                                 | Minus                      | **  | =                | X\$ 9=              |                        | OR             | X\$18=              |                        |
| AME  | Independent        | *            | N OF MI                         | Minus                      | *** PENDENT CLAIM                           | =                | X39=                |                        | OR             | X78=                |                        |
|  | FINST PRESE        | MIAIR        | JN OF WIC                       | DETIFIE DEF                | PENDENT CLAIM                               |                  | +130=               |                        | OR             | +260=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                    |              |                                 |                            |   |                  |                     |                        |                |                     |                        |